

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>		The Notice of Small Business Purchase Set-Aside on the reverse of this form <input type="checkbox"/> is <input checked="" type="checkbox"/> is not applicable.			PAGE OF PAGES 1 1	
1. REQUEST NO. RQ648719	2. DATE ISSUED 10/13/2009	3. REQUEST/PURCHASE REQUEST NO.	4. COMMODITY GROUP AND CLASS 998-42-00	RATING		
5A. ISSUED BY Office of Contracting & Procurement 441 4 th St. NW 700S Washington DC 20001			6. DELIVER BY <i>(Date)</i> November 30, 2009			
5B. FOR INFORMATION CALL: <i>(Name and telephone no.) (No collect calls)</i> Eun-Kyung Choi, Contract Specialist Office (202) 724-5247 Fax (202) 727-8843; eun-kyung.choi@dc.gov			7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule)</i>			
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE To All Prospective Offerors			9. DESTINATION <i>(Consignee and address, including ZIP code)</i> Fire and Emergency Medical Services (Supply Management) 3170 V Street, NE Washington, DC 20018			
8a. Vendor Tax ID #						
10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE ON OR BEFORE 02:00PM <i>(Date)</i> October 15, 2009		11. BUSINESS CLASSIFICATION <i>(Check appropriate boxes)</i> <input type="checkbox"/> SMALL <input type="checkbox"/> LOCAL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> RESIDENT-OWNED				
IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contracts for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.						
12. SCHEDULE (Include applicable Federal, State and local taxes)						
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	
0001	Chemical Agent Detection- LCD FR Detector (LCD-FR) WEARABLE AND COMPACT CWA AND TIC DETECT-TO-WARN DEVICE	6	Each	\$ _____	\$ _____	
	<i>No Bid:</i> If your company is not interested in bidding on the RFQ, please fax the attached form back to my attention on (202) 727-8843			Total	\$ _____	
13. DISCOUNT FOR PROMPT PAYMENT		10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %	
14. NAME AND ADDRESS OF QUOTER <i>(Street, city, county, State and ZIP Code)</i> Government Tax ID number			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		16. DATE OF QUOTATION	
			17. NAME AND TITLE OF SIGNER <i>(Type or print)</i>		18. TELEPHONE NO. <i>(Include area code)</i>	